THOMAS R. OSBORNE
Senior Coroner Bedfordshire & Luton

REGULATION 28 REPORT TO PREVENT FUTURE DEATHS:

	THIS REPORT IS BEING SENT TO: **Sally Morris** **Chief Executive** **South Essex Partnership University NHS Foundation Trust (SEPT)** **Trust Head Office** **The Lodge** **The Chase** **Wickford** **Essex. SS11 7XX**
1	**CORONER** I am Thomas R Osborne, Senior Coroner for Bedfordshire and Luton
2	**CORONER'S LEGAL POWERS** I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013. http://www.legislation.gov.uk/ukpga/2009/25/schedule/5/paragraph/7 http://www.legislation.gov.uk/uksi/2013/1629/part/7/made
3	**INVESTIGATION and INQUEST** On 4TH July 2014 I commenced an Investigation into the death of Simon Robert **ALLISTON**, aged 40 . The Investigation concluded at the end of the Inquest on 15th January 2015. The Conclusion of the Inquest was 'Unascertained'
4	**CIRCUMSTANCES OF THE DEATH** The deceased lived alone in a second floor flat. Neighbours became concerned when they had not seen him for approximately a week and there was a strong smell coming from the flat. Police Officers subsequently attended and forced entry. The deceased was found laying across a single bed, with his head against the wall and his feet on the floor. He was decomposing with maggots and flies on his head. Paramedics attended and confirmed death. Medication was found on

	the kitchen window sill consisting of Venlalic XL 150mg; empty box of 140 Clozapine 200mg tablets issued on 29th May 2014 and several empty blister packets were also found in the kitchen bin.
5	**CORONER'S CONCERNS** During the course of the Inquest the evidence revealed matters giving rise to concern in that Simon was discharged from the Crisis Team on the 23rd June 2014 without any handover to the Community Team. The Community Team in evidence informed me that in their opinion Simon still required enhanced support. No one was able to give me any reason for the discharge. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you. The **MATTERS OF CONCERN** are as follows: (1) That a patient with a long mental health history was discharged without a formal hand over. (2) That he was discharged when the Community Team still considered that he needed support. (3) That the reason for discharge was never recorded. (4) That following the death of Simon Alliston there was no formal Serious Incident Investigation
6	**ACTION SHOULD BE TAKEN** In my opinion action should be taken to prevent future deaths and I believe you SEPT have the power to take such action.
7	**YOUR RESPONSE** You are under a duty to respond to this Report within 56 days of the date of this report, namely by **16th March 2015.** I, the Coroner, may extend the period. Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.
8	**COPIES and PUBLICATION** I have sent a copy of my report to the Chief Coroner and to the following Interested Persons namely: [redacted] the sister of the deceased.

	I am also under a duty to send the Chief Coroner a copy of your response. The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.
9	**Dated 19th January 2015** ..... **THOMAS R. OSBORNE** **Senior Coroner** **for Bedfordshire and Luton**

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